

## CERTIFICATION OF WORK

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: NY058-104

Date of Visit: 12/10/20

Location Address: Shoreham Long Island

Contractor Personnel on Site:

Dean Rowe

Work Performed: g Put VFD is bypass to allow Boilers to turn on, but only 3 came on, the problem may occur again. (BMS is down, may need a controls specialist).  
Service Calls - PO/CSS#

**Please take pictures and send with quote**

## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: DEENVAUGHN ROWE

Date: 12/10/20

Signed: Dean Rowe

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site.

Print Name/Rank: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Email: \_\_\_\_\_

